



Delaware State Loan Repayment Program

Thursday, May 30, 2019

Department of Health and Social Services
Herman M. Holloway Sr. Health and Social Services Campus - Chapel
1901 N. DuPont Highway, New Castle, DE 19720

Meeting Attendance

Facilitator

- Nancy Fan, Chair – Delaware Health Care Commission

Lead Representatives:

- Joseph Bryant, Constituent Relations Liaison and Legislative Assistant – State of Delaware
- Robert Dunleavy, Director – Division of Prevention and Behavioral Health Services / Commissioner – Delaware Health Care Commission
- Gerard Gallucci, Residency Program Director – Delaware Psychiatric Center
- Rick J. Geisenberger, Secretary – Department of Finance / Commissioner – Delaware Health Care Commission
- Timothy E. Gibbs, Executive Director – Delaware Academy of Medicine / Public Health Assoc.
- Marilyn Hill, Director of Physician Services – Beebe Hospital
- Neil Jasani, Chief People Officer – Christiana Care Health Systems / representing Delaware Health Sciences Alliance
- Omar Khan, President and CEO – Delaware Health Sciences Alliances (DHSA)
- Bruce Matthews, Board Member – Delaware Institute of Dental Education and Research (DIDER)
- Robert Monteleone - Saint Francis Healthcare
- Nichole Moxley, Director of State Primary Care Office – Division of Public Health
- Dennis Rochford, Commissioner – Delaware Health Care Commission
- Wayne Smith, President and CEO – Delaware Healthcare Association
- Thomas Stephens, Chief Medical Officer – Westside Family Healthcare
- Matt Swanson, Co-Chair – Delaware Center for Health Innovation
- Mark B. Thompson, Executive Director – Medical Society of Delaware
- Sherman Townsend, Chair – Delaware Institute of Medical Education and Research (DIMER)



Delaware Health Care Commission Staff Present:

- Eschalla Clarke, Social Services Senior Administrator

Public Attendees

- Ella Edwards, LCSW – Henrietta Johnson Medical Center
- Susan Holloway, Deputy Director – Division of Substance Abuse and Mental Health / State Loan Repayment Program
- Deborah Parker – Henrietta Johnson Medical Center
- Rosa Rivera, Chief Operating Officer – La Red Healthcare
- Vincent Ryan, Senior Advisor – Department of Insurance
- Cara Sawyer, Deputy Principal Assistant – Division of Substance Abuse and Mental Health / State Loan Repayment Program
- Kate Smith, MD – Delaware Academy of Medicine / Public Health Association
- Jacqueline Washington, College of Health and Behavior Sciences Associate Dean - Delaware State University



Meeting Minutes

CALL TO ORDER

Meeting called to order at 3:05PM

INTRODUCTION: OVERVIEW

Stakeholders gathered to have a public discussion on a state sponsored (non-federal) loan repayment program; discuss elements of the repayment program, and secure actionable next steps.

A presentation from 2012 citing data from Delaware Institute of Dental/Medical Education and Research (DIDER / DIMER) and Delaware State Loan Repayment Program (SLRP) was reviewed:

- DIMER Chair, Sherman Townsend and DIDER Representative, Bruce Matthews commented on the inaccuracy of data presented in the report and noted that there are changes in respective program status since 2012.
- Meeting Facilitator, Dr. Nancy Fan, highlighted the value of data presented in the report, identified recommendations listed on page 3 of the report to build a Non-Federal SLRP, called attention to a greater need for updated information, and updated attendees on efforts to commission another report for 2012-2018 data. The new report will also examine what neighboring states are doing to meet healthcare workforce shortages.
- President and CEO of Delaware Health Sciences Alliance, Dr. Omar Khan, addressed the success of WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) agreement and tuition repayment through a state (non-Federal) SLRP. WWAMI is a one-of-a-kind, multi-state medical education program where medical students have access to a variety of settings for clinical training: from a busy Level I trauma center in Seattle, WA, to a small primary care clinic in Libby, MT, to working with Alaska Natives in Anchorage, AK, and community-based clinical faculty volunteer time to educate these students.

NON-FEDERAL STATE LOAN REPAYMENT PROGRAM

President and CEO of Delaware Healthcare Association (DHA), Wayne Smith, spoke to the need for healthcare to move towards acute access to care focus and provided an overview of recently drafted legislative initiative to establish a non-Federal SLRP:

- Talking points and legislative update with epilogue language found support in Representative David Bentz and Senator Majority Whip Bryan Townsend.
- This is not the full program but the basic infrastructure



- Operating cost built in to cover administrative needs and overhead
- Focus on primary care needs
- Highmark is on board to provide matching funds
- DHA reached out Aetna for support
- Targeting annual budget of \$3M (\$1M from General Assembly, \$1M from Insurers, & \$1M from match)
- 1:1 financial match is required from employers, insurers, etc.
- Aiming for implementation in the 2020 State Budget Year
- If no success in 2020 Budget Year, then the goal will shift to 2021 Budget Year

Comments on Program Criteria:

DIDER Representative, Dr. Bruce Matthews, inquired whether or not the proposed language is restricted to medical practitioners and received clarification that primary care shortages is the current focus of the proposed language. Program parameters will be re-evaluated in the future and inclusion of dental practitioners will be considered at that time.

Dr. Omar Khan pointed out that women's health and behavior/mental health are not necessarily defined as primary care. He also mentioned that Health Professional Shortage Areas (HPSAs) needs further clarification or the State may want to look beyond HPSA to identify shortages across the state. He recommended to establish a plan to re-evaluate State shortages in 3 years. This idea was supported by Dr. Neil Jasani, DHSA Representative, who pointed out that the public/private partnership is a great idea, and meaningful recruitment efforts are needed, such as with the Delaware Branch Campus at Christiana Care Health Systems. Both Philadelphia College of Osteopathic Medicine and Thomas Jefferson University – Sidney Kimmel Medical College are affiliated partners of the Branch Campus. 60-65% of residents trained at Christiana Care Health Systems remain as practitioners in Delaware.

Residency Program Director at Delaware Psychiatric Center, Dr. Gerard Gallucci, noted that two out of three students are going into geriatrics and therefore, a loss of residents to fellowships. He recommended possibly sponsoring a fellowship position at an outside of Delaware program. If students complete their clinicals in Delaware, then a priority criteria can be developed in the non-Federal SLRP to incentivize their investment in Delaware for the next three to four years. Sponsoring a position at a hospital for fellowship students may also be an added incentive for students. A look at the Graduate Medical Examination (GME) may be necessary for this proposition.

Dr. Thomas Stephens, Chief Medical Officer at Westside Family Healthcare also agree with limiting primary care definitions for a non-Federal SLRP and supports the use of current Federal HPSA designations. He proposed recognition of different HPSA definitions for each specialty, such as, behavioral/dental/women's health/primary care/etc. with hopes of correlating shortages in underserved areas.



Secretary Rick Geisenberger of the Department of Finance and member of Delaware Health Care Commission, clarified that \$200,000 will be paid out to one eligible practitioner over four years of services. Secretary Geisenberger also inquired about the cost of medical school, and equating SLRP payments to half of the cost for medical tuition. Wayne Smith and Dr. Nancy Fan reaffirmed the need to secure sustainable funding through private/public partnerships, and explaining that \$1M is a big ask for the State.

Side-by-Side Comparison of the Federal and Non-Federal SLRP – See Appendix I

Dr. Nancy Fan reviewed the side-by-side comparison of the Federal and Non-Federal State Loan Repayment Program requirements. Attendee comments are noted as follows:

- Language should be cleaned up around primary care; the National Health Services Corp (NHSC) defines women's health and behavior/mental health as primary care, but for a non-Federal program this category can be in the same group as OB/GYN and pulmonologists
- Awards available for outpatient services only
- Full-time hours should equal 32 - 40 hours per week for full benefits; half-time providers should not be ignored; we are approaching a future where over 50% of healthcare workforce is female; the Federal Government got it right – do not use a prorated scale to measure clinical / training / administrative hours
- Employers must be located in HPSAs; provide care to CHIP / Medicare / Medicaid patients; participate in the Medical Society of Delaware VIP II program
- Urgent care is deliberately excluded
- Citizenship is not required; practitioners in the J1 Visa program are eligible to apply
- Are SLRP awards taxable at the State-level? Further research is needed to leverage the best approach for maximizing incentives in this program
- Program participants should be required to participate for six years instead of four years to establish roots in Delaware; a six year commitment may be off-putting; four years is optimal time to put down roots; the stretched out time period (6 years) can potentially cause higher interest rates for loan accounts



- SLRP payments should be distributed in staggered increments with minimal amounts issued in the first year and a maximum in the final year of participation; the program is designed as a recruiting tool and should not focus on rewards for retention
- Funding should be used to build significant overhead to monitor and evaluate the program; monitor patient demographic to determine Primary Care needs; take a deliberate look at where the shortages are; new practitioners are turning towards Concierge service; Nurse Practitioners are going back to school and obtaining doctorate degrees
- Include standard contractual language specifying early termination and default clauses; clawback options should not be upfront; emphasize the positive aspects of the program
- Educational loan verbiage remains the same as the Federal requirements

Governance / Infrastructure / Workgroup

The proposed non-Federal SLRP will reside with Delaware Health Care Commission (DHCC). The existing SLRP Advisory Committee will retain oversight of the Federal program and a new Advisory Workgroup will be established for the non-Federal program. DHCC will contact the following participants and establish the workgroup after receiving confirmation of funding approval from the General Assembly;

1. Delaware Health Care Commission (*1 representative*)
2. Delaware Institute of Dental/Medical Education and Research (*1 representative from each Board*)
3. Delaware Health Sciences Alliance / Delaware Academy of Medicine (*1 representative*)
4. Delaware Health Association (*1 representative*)
5. Medical Society of Delaware (*1 representative*)
6. Health Insurers (*1-2 representatives rotate every 2 years*)

Responsibilities will include reviewing applications and making award decisions.

Federally Qualified Health Centers (FQHC) and Hospitals serving on the Workgroup will create a conflict of interest.

How will the State provide transparency of the program? Criteria for awardees will be developed – establishing a point system and evaluation metrics; prioritizing pre-determined areas of shortages, multiple languages, DIDER/DIMER graduates, residency status, etc.; awards will be posted online to the DHCC/SLRP webpage.



Reporting requirements must be developed for review after three years (2023), measuring outcomes such as, impact on workforce, employee/employer satisfaction, site audits, etc.

Flex slots should be made available at hospitals for scholars completing their residence; this way positions will be continuously filled, closing the loop on shortages; flexibility will be built into addressing the evolving access to care needs within the State.

NEXT STEPS / PUBLIC COMMENT

- Contract with vendor (Star-Med, LLC) to measure performance of DIDER, DIMER, and SLRP from 2012 to 2018.
- Push proposed legislative language for support and approval in July 2019
- Identify a specific number of practitioner shortages and correlating specialties in Delaware
- Research Delaware Tax Laws for issuing non-Federal awards totaling a maximum of \$50,000 annually
- Research the correlation between longer service commitments (6 years) and higher interest rates for educational loans
- Contact and build a new SLRP Advisory Workgroup
- Develop a weighted evaluation criteria to prioritize awards
- Attendees must provide feedback on drafted meeting minutes; there is no quorum for this meeting

ADJOURN

Meeting adjourned at approximately 5:00PM.



APPENDIX I

Side-by-Side Comparison of Federal/Non-Federal SLRP

(Blue font delineate approved requirements per meeting discussions)

(Black font delineate proposed pre-meeting requirements)

Federal Requirements for Healthcare Professionals	Proposed State Requirements
US Citizenship	J-1 Visa Practitioners Eligible
Employment in Health Professional Shortage Area	Employment in Health Professional Shortage Area
Accredited graduate training in the following; MD, DO, DDS, DMD, RN, NP, CNM, PA, RDH, HSP, LCSW, PNS, LADC, LPC, MFT, and Pharm.	<ul style="list-style-type: none"> Accredited graduate training Priority for DIMER students and DE 'residency program' participants
Primary Care Specialty for Physicians; Family Medicine, Osteopathy, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Geriatrics, and Psychiatry	Primary Care Providers; Physicians practicing Family Medicine, Internal Medicine, Pediatrics, obstetrics/Gynecology, Geriatrics, and Psychiatry
Primary Care Specialty for NP and PA; Adult, Family, Pediatrics, Psychiatry/Mental Health, Geriatrics, and Women's Health	Primary Care Specialty for Nurse Practitioners and Physicians Assistants practicing Adult Medicine, Family Medicine, Pediatrics, Psychiatry/Mental Health, Geriatrics, and Women's Health.
40 hours per week is mandatory for Full-time healthcare professionals	40 hours per week is mandatory for Full-time healthcare professionals
A minimum of 45 weeks constitutes a full year of service – prior approval needed	A minimum of 45 weeks constitutes a full year of service – prior approval needed
Compressed schedules are limited to 4 days/week, with no more than 12 hours of work in any 24-hour period	Compressed schedules are limited to 4 days/week, with no more than 12 hours of work in any 24-hour period
Travel or on-call time is not included in the required work hours	Travel or on-call time is not included in the required work hours
20-39 hours per week is mandatory for Half-time healthcare professionals	20-39 hours per week is mandatory for Half-time healthcare professionals



Full-time Medical / Dental Primary Care Services (except Pediatric Dentists) - at least 32 hours must be spent providing clinical services at an eligible facility. The remaining 8 hours can be spent teaching, in an alternative setting (hospital, shelter, nursing home, etc.), or providing direct/administrative clinical care to patients.	Full-time Medical / Dental Primary Care Services (except Pediatric Dentists) - at least 32 hours must be spent providing clinical services at an eligible facility. The remaining 8 hours can be spent teaching, in an alternative setting (hospital, shelter, nursing home, etc.), or providing direct/administrative clinical care to patients.
Full-time Obstetrics / Gynecology, Geriatric, Behavioral and Mental Health Providers, and Pediatric Dentist - at least 21 hours must be spent providing clinical services at an eligible facility. The remaining 19 hours can be spent teaching, in an alternative setting (hospital, shelter, nursing home, etc.), or providing direct/administrative (8 hours only) clinical care to patients.	Full-time Obstetrics / Gynecology, Geriatric, Behavioral and Mental Health Providers, and Pediatric Dentist - at least 21 hours must be spent providing clinical services at an eligible facility. The remaining 19 hours can be spent teaching, in an alternative setting (hospital, shelter, nursing home, etc.), or providing direct/administrative (8 hours only) clinical care to patients.
Accept Medicare, Medicaid, and CHIP reimbursements, utilize Sliding Fee Scale, and see patients regardless of ability to pay	Accept Medicare, Medicaid, and CHIP reimbursements
No other contractual obligations for healthcare services	No other contractual obligations for healthcare services
No Federal judgement liens	No Federal judgement liens
No breached service obligations, even if it was subsequently satisfied	No breached service obligations, even if it was subsequently satisfied
No past/present defaults for Federal payment obligations	No past/present defaults for Federal payment obligations
No debt write-offs; uncollectable, waiver, or otherwise	No debt write-offs; uncollectable, waiver, or otherwise
No current defaults for court ordered child support payments	No current defaults for court ordered child support payments
No felony convictions	No felony convictions



No convictions, admission of guilt, or disciplines issued by a certificate / licensing authority	No convictions, admission of guilt, or disciplines issued by a certificate / licensing authority
Full-time commit to SLRP for 2 Years with 1 Year extensions	Full-time commit to SLRP for 4 Years
Half-time commit to SLRP for 4 Years with 2 Year extensions	Half-time commit to SLRP for 4 Years with 2 Year extensions

Dental Providers - A minimum of 20% of scheduled appointments must be reserved for Medicaid, S-CHIP, and/or low income (<200FPL) patients.

Provide preventive dental services to eligible clients of the Division of Developmental Disabilities Services (DDDS), should the need arise.

Medical Providers - Awardee agrees to honor commitments to participate in the Medical Society of Delaware, Voluntary Initiative Program Phase II (VIP II) and other affiliated programs.



Federal Requirements for Facilities (Employers)	Proposed State Requirements
Physically located in a Health Professional Shortage Area (Medically Underserved Areas – MUA – do not qualify)	Physically located in a Health Professional Shortage Area
<p>Non-profit or public entity (for-profit facilities must be operated by a non-profit organization)</p> <p><u>Examples;</u></p> <ul style="list-style-type: none"> • FQHC or Community Health Centers • Federal / State Correctional or Detention Centers • Private Practices governed by non-profit entity 	<p>For-profit entity, regardless of public or non-profit oversight</p> <p><u>Examples;</u></p> <p>Independent Primary Care Offices FQHC Hospital Primary Care facilities</p>
Provide outpatient services	Provide outpatient services
<p>Accept Medicare, Medicaid, and CHIP reimbursements, utilize Sliding Fee Scale, and see patients regardless of ability to pay</p> <p>Document and certify that SLRP healthcare professional will provide services in this capacity</p>	Accept Medicaid and Medicare
No felony convictions	No felony convictions
No convictions, admission of guilt, or disciplines issued by a certificate / licensing authority	No convictions, admission of guilt, or disciplines issued by a certificate / licensing authority
Charge for professional services at the usual and customary prevailing rates	Charge for professional services at the usual and customary prevailing rates
Compensate service professionals at the prevailing rate for the area	Compensate service professionals at the prevailing rate for the area
Comply with full/half-time service requirements	Comply with full/half-time service requirements

Employers - Successfully complete and submit an annual report to Delaware Health Care Commission. Notify Delaware of disciplinary actions, extended leave of absence, and/or terminations.



Federal Requirements for Educational Debt	Proposed State Requirements
Qualifying educational loans are Government and private student loans (college loans) for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to his/her submission of a SLRP application. Such loans must be contemporaneous with the education received.	Qualifying educational loans are Government and private student loans (college loans) for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to his/her submission of a SLRP application. Such loans must be contemporaneous with the education received.
Consolidations - qualifying educational loans that are consolidated or refinanced with other qualifying loans are eligible for repayment. If qualifying educational loans are consolidated with non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible.	Consolidations - qualifying educational loans that are consolidated or refinanced with other qualifying loans are eligible for repayment. If qualifying educational loans are consolidated with non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible.

Federal-SLRP Award Distribution

Practitioner Level	Two (2) Year Award	Payment (12 Months) 50% of Award	Payment (24 Months) 50% of Award	One (1) Year Continuation Award
Mid-Level	\$ 30,000	\$ 15,000	\$ 15,000	\$ 15,000
	\$ 45,000	\$ 22,500	\$ 22,500	\$ 22,500
	\$ 60,000	\$ 30,000	\$ 30,000	\$ 30,000
Advanced	\$ 70,000	\$ 35,000	\$ 35,000	\$ 35,000
	\$ 85,000	\$ 42,500	\$ 42,500	\$ 42,500
	\$ 100,000	\$ 50,000	\$ 50,000	\$ 50,000